

Camp Harpswell

For incoming 2nd graders to outgoing 5th graders

June 29 - July 3 8/9:30 - 4:30

at Harpswell Islands School

Monday - Thursday 8/9:30 - 4:30

Friday 8/9:30 - 1:00

Featuring:

- ☺ Goop & Gunk
 - ☺ Games
 - ☺ Sports
 - ☺ Music
 - ☺ Crafts
 - ☺ Fun
 - ☺ Art
 - ☺ Storytime
- and much more!**

Additional information will be sent to participants prior to camp registration.

Optional Swimming 8:00 – 9:00 a.m.

Participants who pre-registered and paid for the 8:00–9:00 a.m. Summer Swim class, who register for Camp Harpswell, will be bused from Bowdoin College. Parents are responsible for picking their children up at the end of the Camp day.

Make checks payable to: **Town of Harpswell**

Mail this form and check to:

Town of Harpswell, Recreation Dept.

P.O. Box 39, Harpswell, ME 04079

For more info: Gina Perow, Rec. Dir., 833-5771
or harpswellrec2@suscom-maine.net

PLEASE DETACH HERE

Registration for

Camp Harpswell 2009

For office use only:

_____ #R4182

Please Print Clearly

1) Child's Name _____ Age _____ Grade Next Fall _____

2) Child's Name _____ Age _____ Grade Next Fall _____

Address _____ Zip _____

Phone(day) _____ Phone(eve) _____ E-mail _____

Parent/Guardian Name(s) _____

Emerg. Contact _____ Phone: _____

Medical Concerns _____

CHECK ONE: () Regular Camp Fee \$80 () Regular Camp Fee PLUS donation toward scholarships \$125

() Limited Scholarships Available ☐ **Summer Swim 8–9 a.m. (must register and pay separately)**

OTHER FEES: () Late Registration Fee \$10 () Non-Resident Fee \$20 (space-available basis)

VOLUNTEER: () I will help () I have talent/skills that I will contribute

** Photos & videos taken may be used in local publicity**

Release from Liability: In consideration of the permission granted to the above-named parties by the Town of Harpswell to participate in Camp Harpswell during June/ July 2009, I hereby release and discharge the Town of Harpswell and M.S.A.D.75, its agents and officers, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors and administrators and assigns may have against the aforementioned parties for all personal injuries, known or unknown, which they have or may incur by participation in the above mentioned activities. I realize that I must provide my own health/accident insurance for injuries that I or my child may sustain while participating in the above-mentioned activities. I give the Camp supervisor permission (in my absence) to obtain whatever medical treatment may appear or be necessary in the event of illness or injury.

I have read, understand and agree to the Release from Liability.

Signature of Parent or Guardian _____

Return Completed Form to the Town Office There is an after-hour drop box to the right of the glass entrance